Under the Paperv	ork Reduction Act of	or 1995 no pe	rsons are required	a to respor	nd to a collection	or informatio	n uniess	it displays a v	/alid OMB control	number	
_	Effective on 1					Con	nplete	if Known			
•	he Consolidated Ap		•		plication Num	ber 10/5	575,377		Conf. No.: 907	'8	
ree	TRAN	NSM	HIAL	_ Fi	ing Date	Apri	11, 20	06			
For FY 2009					rst Named Inve	entor Osm	Osmo SUOVANIEMI				
					aminer Name	B. R	B. R. GORDON				
Applicant claims small entity status. See 37 CFR 1.27				Ar	t Unit	179	1797				
TOTAL AMOUN	T OF PAYMENT	(\$)	402.00	At	torney Docket	No. 0933	3-0269F	PUS1			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 02-2448 Deposit Account Number: 02-2448											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments											
und	der 37 CFR 1.16	and 1.17			Orodit		•	. fa Duand	d dlkd		
WARNING: Information and au			public. Credit ca	ra intorm	ation snould no	t be include	a on this	i torm. Provi	ie creait cara		
FEE CALCULA	ATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
		ING FEES	S	EARCH		EXAMINA					
Application 1	rype <u>Fee</u>	Small E (\$) Fee		<u>sı</u> <u>ee (\$)</u>	mall Entity Fee (\$)	Fee (\$)	Small E		Fees Paid (\$	1	
Utility	330			40	270	220	110		0.00		
Design	220) 110	1	.00	50	140	70		0.00	_	
Plant	220			30	165	170	85		0.00		
Reissue	330			i40	270	650	325		0.00	_	
Provisional	220		_	0	0	0	023		0.00	_	
2. EXCESS CLAIM FEES Small Entity										Table 1	
Fee Description Fee (\$) Fee (\$)											
Each claim over 20 (including Reissues)								52 220	26 110		
Each independent claim over 3 (including Reissues) Multiple dependent claims								390	195		
					id (\$)		_		ndent Claims		
		1 x	52.00 =	52.0				ee (\$)	Fee Paid (\$)		
HP = highest nu	mber of total claims	paid for, if gre	ater than 20.				_	0.00	0.00		
Indep. Claims 4 - 3		Claims 1 x	Fee (\$) 220.00 =	Fee Pai 220.0						-	
	nber of independent										
3. APPLICATION If the specific	ON SIZE FEE ation and drawi	ings exceed	l 100 sheets o	f paper	excluding el	lectronical	llv filed	i seauence	or computer		
	der 37 CFR 1.5									50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round up to a whole number) x =0.00											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount) 130.00											
Other (e.g., late filing surcharge): 1 month Extension of Time											
SUBMITTED BY			2/								
Registration No. 39491 Telephone 703-205-1								703-205-8000			
Name (Print/Type) Michael R. Cammarata Date May 24, 2010									4, 2010		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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